

**ATTENDEES:**

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(R) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Brian Klar	(P) Tiziana Rivera	(R) Dr. Victor Rajkotwala	(R) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			
Dr. Rardi van Heest	Kiki Ferrari	Kelly Kimens	Florine Lobo
Iveta Amova			

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**1.0 IN-CAMERA SESSION**

An in-camera session was held at the beginning of the meeting with Elected Directors and members of the CEO Selection Committee to receive a status update on the recruitment process.

The advertisement has been posted. The recruiter is currently engaged in an extensive stakeholder consultation process with both internal and external parties. The next meeting of the committee is scheduled for June 20 during which results of the consultation process will be reviewed. It is anticipated that a short list of candidates will be available in mid-July to begin the panel interview stage.

**2.0 CALL TO ORDER & DECLARATION OF CONFLICT**

The meeting was called to order. No declarations of conflict were made.

**MOVED, seconded**

***That the agenda be approved - CARRIED***

**2.1 CHAIR'S REPORT**

A copy of the Ethical Decision Making Framework was included in the package for reference.

It is anticipated that an update will be provided at the June Board meeting regarding the discussions that have transpired at the CADF Working Group. Specific recommendations will be proposed with the Resources Committee following which a comprehensive report and supporting recommendation will be presented to the Board for approval.

The June 22 meeting will consist of three meetings: regular meeting, Annual General Meeting and post-AGM. These meetings will be held in-person at the Peel Memorial location. An outline of each meeting was included in the Chair's Report.

**3.0 CONSENT AGENDA**

One motion is required to approve all items included in the Consent Agenda. Any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda.

The following items are included within the Consent Agenda for approval:

- CA 3.1 Board Minutes: April 27/22
- CA 3.2 MAC Minutes: May 11/22
- CA 3.3 Governance & Human Resources Committee Minutes: May 18/22
- CA 3.4 Health Services & Quality Committee Minutes: May 6/22
- CA 3.5 Resources & Audit Committee Minutes: May 20/22

**MOVED, seconded**

***That the items listed within the Consent Agenda be approved – CARRIED.***

#### **4.0 BUSINESS ARISING**

##### **4.1a CHAIR'S REPORT: Governance & HR Committee**

The Chair's Report was tabled for information. The following discussion points were presented: Kay Blair Community Service Award; Board succession.

##### **Kay Blair Community Service Award:**

The Kay Blair Community Service Award is an annual award provided by the Board of Directors. This award is presented each year by the Board of Directors to an individual(s) that has demonstrated positive change for the betterment for patients, families and colleagues.

Nominations are solicited across the organization and vetted by the members of the Governance & Human Resources Committee. This year, three outstanding nominations were received. Each of the nominees put forward for consideration were all deserving of the award. After a review by the Committee, it is recommended that Candace Barone be recommended as this year's award recipient.

Candace Barone is an Occupational Therapist who works in Palliative Care. Candace has gone above and beyond to make a difference in the lives of others. Candace had a personal goal which was to build the Kay Blair Hospice in Brampton. Her tireless efforts to work alongside her internal colleagues, external resources, secure land and work with city officials to see this dream come to reality far exceeds the scope of her role at Osler. The members of the Governance & Human Resources recommend Candace Barone as this year's Kay Blair Community Service Award recipient.

**MOVED, seconded**

***That the Board of Directors award the 2021/22 Kay Blair Community Service Award to Candace Barone, as recommended by the Governance & Human Resources Committee – CARRIED.***

The nominee will be advised of the award which will be presented later in the year during the corporate recognition event.

##### **2022/23 Board Succession: New Appointments**

The Committee reviewed the terms for all existing Board members. Two members have advised their intent to retire from the Board in June (Geoffrey Ritchie & David Charron). The Committee reviewed the skills matrix and identified two community representatives to be considered for a Board appointment. Feedback was solicited from various members of Board including the Chair of the Health Services & Quality Committee.

The following individuals are presented for consideration as members of the Board of Directors:

Elsa Cabral, Managing Director, Bayshore Health

Glenn Martin, CEO, Fullcircle Home Care.

**MOVED, seconded**

***That Elsa Cabral and Glenn Martin be appointed as members of the Board of Directors, effective June 22, 2022, as recommended by the Governance & Human Resources Committee – CARRIED.***

(NOTE: appointments will be ratified at the Annual General Meeting)

It was noted that six new community committee members will be required for the 2022/23 cycle. Three of the representatives have fulfilled their term obligations with Osler. It was noted that one community member has had a career change which places them in a conflict of interest. As a result, this individual will be asked to step down from the Committee and a replacement will be recruited.

## **2022/23 Board Succession: Reappointments**

Geoff Ritchie presented the following information. The process for Board reappointments was enhanced this year to include an individual assessment of each member. The process for reappointment is not automatic. Results of the survey were discussed and there were no major issues for any of the candidates whose names are up for reappointment. Results of the survey were shared with the Committee and will be provided to each individual member via the Board Chair. This practice will continue each year to support the nominations process. The Board unanimously agreed that all four nominees should be reappointed for the 2022/23 cycle.

### **MOVED, seconded**

***That the following individuals be recommended for reappointment for the 2022/23 cycle: Mark Beckles, Stuart Johnston, Jasmine Tehara, and Michael Torrance - CARRIED***

(NOTE: appointments will be ratified at the Annual General Meeting)

### **4.1b CHAIR'S REPORT: Health Services & Quality Committee (HSQC)**

The Chair's Report was tabled for information. The following items were highlighted: surgical recovery update; Hospital Insurance Reciprocal of Canada (HIROC) Annual Report.

#### **Surgical Recovery:**

The teams will continue to monitor the surgical recovery activity closely; an update will be provided at each meeting of the Health Services & Quality Committee.

#### **HIROC:**

The HIROC Annual Report was shared with the Committee. A detailed presentation regarding suicide prevention and the actions taken following an external review, will be provided by the Mental Health & Addictions Program at the next meeting.

### **4.1c CHAIR'S REPORT: Resources & Audit Committee**

The Chair's Report was tabled for information. The following discussion points were presented: audited draft financials; appointment of auditors.

#### **Draft Audited Financial Statements:**

Deloitte LLP performed the financial statements audit for the year ended March 31, 2022. It is expected that an unmodified report will be provided. The fiscal year-end results for 2021/22 show a \$1.3M surplus. The committee discussed the risk of ending with a surplus, however the Osler team has indicated that there is little risk of a claw back.

There were no uncorrected misstatements or deficiencies in the internal controls. Florine Lobo and her team were recognized and thanked for their efforts in managing this process. Deloitte noted that the statements are very complicated and thanked the team for managing the financial needs of the organization and ensuring that the audit was completed on time.

### **MOVED, seconded**

***That the Board of Directors approves the Audited Financial Statements of William Osler Health System for the Year Ended March 31, 2022 as presented – CARRIED.***

#### **Appointment of Auditors:**

The Resources and Audit Committee is required to assess the performance of the Auditor each year and make recommendation for appointment. The Committee was asked to complete a written evaluation. The feedback received was positive and there were no issues identified. The Committee is recommending the reappointment of Deloitte LLP for one year. It was noted that continuity is important at this time. The terms of the current contract were discussed. The Board has an option to renew for one more year under the existing contract.

Osler does not have policy that limits the length of time an auditor can provide its services to the organization. The Committee will discuss whether to go to tender for these services next year.

**MOVED, seconded**

***That the Board of Directors approve the appointment of Deloitte LLP and recommend to the June 2022 Annual General Meeting, as the external auditor for William Osler Health System for the fiscal year ending March 31, 2023 – CARRIED.***

(NOTE: once approved by the Board, this item will be presented at the Annual General Meeting for ratification.)

## **5.0 NEW BUSINESS**

### **5.1 REPORT OF THE INTERIM PRESIDENT & CHIEF EXECUTIVE OFFICER**

A written report was provided for information. The following highlights were provided.

- **Accreditation:**
  - Episodes of Care onsite survey was Osler's time to shine
  - Osler met 100 per cent of the Required Organizational Practices (ROPs) and 99.8 per cent of the more than 3,100 internationally accepted standards of excellence
  - The surveyors commented on Osler's resilience, adaptability, flexibility, and creativity. They described Osler as a 'think outside the box organization', and spoke about how engaged everyone was. The lead surveyor said *'You have left a lasting impression on all of us'*.
  - Teams across Osler responded to surveyors with confidence and pride, and demonstrated their commitment to quality and patient safety.
  
- **In the News:**
  - A recent front-page article appeared in the Etobicoke Guardian about Osler's new paediatric diabetes clinic at Etobicoke General Hospital and how support for young patients and families is now being provided closer to home.
  
- **Government Relations:**
  - Osler has a comprehensive government relations/election strategy in place
  - A number of information sessions have been held with Brampton and Etobicoke area candidates providing them with an opportunity to learn about Osler's achievements, challenges and priorities; the three main provincial party leaders have been invited to tour Osler prior to election day next week.
  - Meetings have been held with local Members of Parliament from Brampton to provide an update, and to engage federal representatives in understanding how they can support Osler.
  - Through the efforts of Cara Francis and her team, progress is being made to bring a greater focus and attention to Osler's needs. Cara and her team were thanked for helping to elevate and share Osler's story.
  
- **Foundation Update:**
  - At last month's Foundation Board meeting, Ken Mayhew provided a multi-page listing of all the items purchased for Osler through donor support totaling over \$6.5 million. This includes \$2.4 million for Peel redevelopment, \$1.5 million for Etobicoke General redevelopment, over \$500,000 for the Staff Compassion Fund, education programs, and equipment.

*Q: Congratulations to the team on a successful accreditation survey! Will these results be shared publicly? How unusual is this result? It will be important for the community to receive these results as they are not necessarily congruent with what is being heard in the public.*

*A: Once Accreditation Canada formally advises Osler of the final designation, the information will be shared with the community. There is a robust communications strategy in which to share these results.*

*Q: Congratulations on a successful accreditation. In the context of recent news stories regarding hallway medicine, etc. how do we tell this story?*

*A: The messages will accentuate the positive. The issues facing Osler are system wide. Complaints that are received are used as an opportunity to improve the system. Osler is becoming a hospital where others come to seek advice. Accreditation Canada has afforded Osler the opportunity to continue telling its story by identifying a number of leading practices that will be shared with organizations.*

## **5.2 REPORT OF THE INTERIM CHIEF OF STAFF**

A written report was provided for information. The following highlights were provided.

- The Accreditation process is a tipping point for the organization and provides a heightened opportunity for physician engagement.
- There were 717 physician appointments last month with an additional 250 expected in the coming month. Since the beginning of the year, 43 new physicians have joined Osler.
- MAC recently discussed the need for RACE correction. There are inherent biases in some of existing practices at Osler that need to be addressed. The MAC has passed a motion to review other opportunities to course correct.
- A visit of the TMU leadership recently occurred. Things are moving forward in a positive manner.

*Q: It was noted that a former employee of Osler has been appointed as Executive Director at TMU; does that provide opportunity for Osler?*

*A: Sharanjeet Kaur was recently selected for this position. Sharanjeet is a member of the Osler community and will be an excellent advocate for both Osler and the local community.*

## **6.0 2021/22 Q4 ERM REPORT**

The results of the 2021/22 Q4 Enterprise Risk Management report were provided. The residual risk rating has remained the same from Q3 to Q4. It was noted that the upcoming elections may change the level of risk depending on the results.

**MOVED, seconded**

***That the 2021/22 Q4 ERM update be approved by the Board.***

## **7.0 ADJOURNMENT**

**MOVED, Seconded**

***That the meeting be adjourned – CARRIED***